

## **Acid Rain Program Instructions for Allowance Account**

**Information Form (40 CFR 73.30 - 73.38)** 

The Acid Rain Program regulations require any person, company, or organization wishing to open a general Allowance Tracking System (ATS) account for the purpose of holding and transferring allowances to submit a completed Allowance Account Information form or provide the requested information in a similar format. You also may use this form to change the information previously submitted for a general account, such as the identity of the authorized account representative. In such cases, enter your allowance account identification number in the space provided at the top of the form. Affected units will automatically receive a unit account in the ATS, and should use the Certificate of Representation form to make any changes to unit account information.

Type or complete the form in black ink. If you need more space, photocopy the pertinent page. When you have completed the form, indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the spaces provided in the upper right hand corner of each page.

Remember, under 40 CFR 73.33 you must notify all persons who have an ownership interest with respect to the allowances held in an account of all Acid Rain Program submissions. EPA will accept subsequent submissions from the Authorized Account Representative (AAR) or, if one is designated, from the Alternate AAR.

If you need assistance, call the Acid Rain Hotline at 202-564-9620.

- STEP 2 The owners may choose an alternate to act in lieu of the Authorized Account Representative.
- STEP 3 EPA will use the address you enter here for all official correspondence concerning this account.
- STEP 4 Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the authorized account representative, and, if applicable, the alternate authorized account representative, identified in Steps 1 and 2. If you (the authorized account representative) are the only person with an ownership interest in the allowances held in the account, list your name here.
- STEP 6 Both the authorized account representative and the alternate (if any) must sign and date the certifications. If you are revising account information, only one signature is needed.

Submit this form to the following address:

U.S. ENVIRONMENTAL PROTECTION AGENCY ACID RAIN PROGRAM (6204J) ATTN: ALLOWANCE TRACKING SYSTEM

by regular/certified mail: 1200 Pennsylvania Ave., NW Washington, DC 20460

or overnight mail: 1310 L Street, NW Washington, DC 20005 (202) 343-9150

## Paperwork Burden Estimate

The public reporting and recordkeeping burden for this collection of information is estimated to average 16 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this



## **Allowance Account Information General Accounts Only**

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For more information, see instructions and refer to 40 CFR 73.31.

This submission is:

~ New (to open a new general account)

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~ Revised (to revise information on an existing general account)

If you are opening a new allowance account, complete all steps in this form. If you are an authorized account representative (AAR) for another account in the allowance tracking system (ATS), please write in your AAR ID#. If this is a revised

S Y a	ubmission, enter your ATS account # and AAR ID# and comple You must complete Step 6 to authorize the change of information uthorized account representative can authorize the change.	ete only those steps covering the information you wish to change.  n. Only the authorized account representative or alternate
	Allowance Tracking System Account #	Authorized Account Representative ID#
STEP 1 Enter requested information for the authorized account representative	Name	
	Firm (Optional)	
	Phone Number	Fax Number
STEP 2 (Optional) Enter requested information for the alternate authorized account representative	Name	
	Firm (Optional)	
	Phone Number	Fax Number
STEP 3 Enter the mailing address for the account		
	Address	
STEP 4 Enter the names of all		
parties (persons or companies) subject to the binding agreement authorizing your representation	Name	
of the account	Name	
	Name	
	Name	

ATS Account # (from page 1)	Page ~ of ~

ST	EP 5 (Optional)	
	spond to the questions	
by	marking all appropriate	•
bo	xes (EPA will use this	
inf	formation for program	
ev	aluation purposes only)	

Is the authorized account representative employed by an allowance brokerage firm? Yes (if yes, please mark all boxes that apply) ~ This account will be used to transfer allowances between clients ~ This account will be used to hold alllowances for investment purposes → This account will be used for other purposes (please specify) ))))) < What types of business are represented by the owner(s) of allowances in this account? (Mark all boxes that apply) ~ Utility ~ Non-Utility Generators of Electricity Fuel Supplier \_\_ Oil Coal Gas Other ~ Pollution Control Equipment ~ Public Interest Group Consumer Other

## STEP 6 Read the cert

Read the certifications and sign and date. (Only one signature is needed if the form is being used to revise account information) I certify that I was selected under the terms of an agreement that is binding on all persons who have an ownership interest with respect to allowances held in the Allowance Tracking System account. I certify that I have all necessary authority to carry out my duties and responsibilities on behalf of the persons with an ownership interest and that they shall be fully bound by my actions, inactions, or submissions under 40 CFR Part 73. I am authorized to make this submission on behalf of the persons with an ownership interest for whom this submission is made.

I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting material information, including the possibility of fine or imprisonment for violations.

Signature (Authorized Account Representative)	Date
Signature (Alternate Authorized Account Representative, if any)	Date

Submission Information

Mail to the following address:

Environmental

U.S. Environmental Protection Agency Acid Rain Program (6204J) Attention: Allowance Tracking System

by regular/certified mail: 1200 Pennsylvania Avenue, NW Washington, D.C. 20460 or overnight mail: 1310 L Street, NW Washington, DC 20005 (202)343-9150